

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33155**  
Registrar's No. **8712**

REPORT 1 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2269</b>  d. STREET ADDRESS (If rural, give location) <b>918 Buchanan</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>ARTHUR LAWSON</b> a. (First) b. (Middle) c. (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>SEPT. 16 1952</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>Jan. 1, 1905</b>	
<b>9. AGE</b> (In years last birthday) <b>47</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>East Liverpool, Ohio</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>James Lawson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ada King</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Olive</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>236-12-6239</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Olive Lawson, 818 Buchanan</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Congestive Heart Failure</b>  <b>ANTECEDENT CAUSES</b> <b>Rheumatic Heart Disease</b>  <b>2. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>416X</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>9-3-52</b> , 19__, <b>to</b> <b>9-16-52</b> , 19__, <b>that I last saw the deceased alive on</b> <b>9-16-52</b> , 19__, <b>and that death occurred at</b> <b>5:20P m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>James B. Strachan, Jr. M.D.</b> (Degree or title)				<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>		<b>23c. DATE SIGNED</b> <b>9-17-52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>9/18/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>East Liverpool, Ohio</b>		<b>24d. LOCATION</b> (City, town, or county) (State)	
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 17 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MD</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe, 4700 Washington</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert W. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.